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ABSTRACT

Three-quarters of the people with serious alcohol and drug problems go without treatment. This is often caused by a lack of understanding about what constitutes treatment. Few consumers, family members, and policymakers realize that effective drug and alcohol treatment exists. This publication describes a nationwide project organized by Join Together to increase the number of people who receive alcohol and drug brief intervention and quality treatment throughout their communities. Section 1 describes the problem and the project. Section 2 discusses five reasons why Join Together created the "Demand Treatment!" Project. Regional conferences are described in Section 3 to provide participants with information and contacts. Section 4 describes the specifics of being a "Demand Treatment!" City Partner. Section 5 discusses using "Demand Treatment!" Internet resources. A "Demand Treatment!" conference registration form and a Join Together subscription order form are appended. (Contains 13 references.) (JDM)

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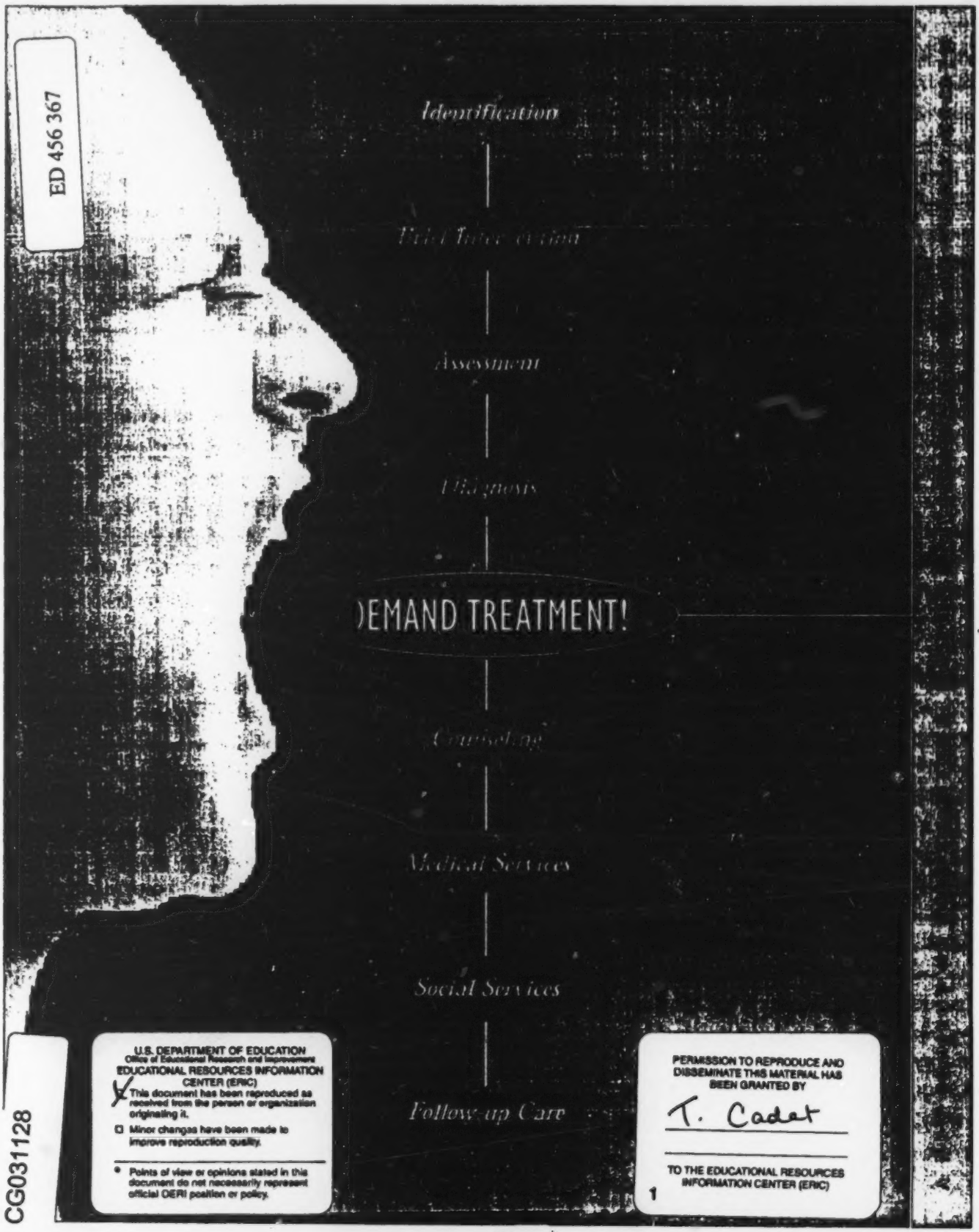

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- Center for Substance Abuse Treatment (CSAT) www.samhsa.gov/csat/csat.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov
- National Institute on Drug Abuse (NIDA) www.drugabuse.gov

NATIONAL ORGANIZATION CO-SPONSORS

- Alcohol Policies Project at the Center for Science in the Public Interest www.cspinet.org
- American Academy of Addiction Psychiatry www.aaap.org
- American Society of Addiction Medicine www.asam.org
- Child Welfare League of America www.cwla.org
- Community Anti-Drug Coalitions of America (CADCA) www.cadca.org
- Johnson Institute Foundation www.jifoundation.org
- Legal Action Center www.lac.org
- National Association of Addiction Treatment Providers www.naatp.org
- National Association of Drug Court Professionals www.nadcp.org
- National Association of Alcoholism and Drug Abuse Counselors www.naadac.org
- National Council on Alcohol and Drug Dependence www.ncadd.org
- National Families in Action www.nationalfamilies.org
- National League of Cities www.nlc.org
- National Mental Health Association www.nmha.org
- Public Relations Society of America www.prsa.org
- San Francisco Medical Society www.sfms.org
- Screening for Mental Health – National Alcohol Screening Day www.mentalhealthscreening.org
- The Robert Wood Johnson Foundation Program Office on Alcohol, American Medical Association www.amaassn.org/adolhlth/gapsnew/overview
- Treatment Alternatives for Safe Communities www.tasc-il.org

TABLE OF CONTENTS

I. THE PROBLEM AND THE PROJECT
What's the Problem? 1
What is the Demand Treatment! Project and How Can You Participate? 1
Who is Sponsoring the Project? 2

II. WHY DEMAND TREATMENT!
Five Reasons Why Join Together created Demand Treatment 3

III. REGIONAL CONFERENCES
Who Should Attend? 5
Why Attend? 5
The Agenda—When and Where are the Conferences? 5
How Can I Register? 5

IV. BECOMING A DEMAND TREATMENT! CITY PARTNER
What is the Partnership? 6
What are the Benefits? 6
Who is Eligible to Apply? 7
What is the Application Process? 7
What is the Review and Selection Process? 8

V. USING THE WEB TO DEMAND TREATMENT!
Building on Experience - using web resources 9

VI. ADDITIONAL RESOURCES
Reference Material 10

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I. THE PROBLEM AND THE PROJECT

What's the Problem?

Why do over three-quarters of the people with serious alcohol and drug problems go without treatment? There are many reasons but a few stand out. Many people believe they can deal with their problem by themselves. Others think that no one or anything can help them. A large percentage of people don't realize they have a problem because no one asks them how much they drink or if they take drugs. There are institutional policies and long-standing practices in place that discourage people from getting the help they need. Furthermore, there's an overall lack of understanding about what quality drug and alcohol treatment is. Too few consumers, family members and policymakers realize that drug and alcohol treatment is as effective as treatment for other chronic conditions like asthma and diabetes.

The irony is that, in most communities, efforts to "drive up demand" to get more people into treatment fall between the cracks – it isn't anybody's primary job or interest, so it is largely ignored. Also, organizations already providing treatment are so busy that some of them actually worry about their ability to handle increased demand. Nevertheless, the problem remains the same: millions of people in America with serious drug and alcohol problems are going without the brief interventions and quality treatment they need to recover. If we don't, as a nation, change our tactics, the situation is likely to remain the same.

Brief Interventions are time-limited, client-centered counseling sessions that focus on changing behavior and increasing compliance with therapy including assessment and direct feedback, negotiation and goal setting, and follow up.

Treatment, as defined by the Institute of Medicine, is a broad range of services and activities including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychological and social services, follow up care. The goal is to reduce or eliminate the use of alcohol and other drugs as a contributing factor to physical, psychological and social dysfunction and to arrest, retard or reverse the progress of any associated problems.

WHAT IS THE DEMAND TREATMENT! PROJECT AND HOW CAN YOU PARTICIPATE?

Demand Treatment! is a new nationwide project organized by Join Together, to increase the number of people who get alcohol and drug brief interventions and quality treatment in American communities. We believe that the first step to increasing treatment is to get consumers, family members, and key leaders to take steps to drive up demand. As we have seen in numerous examples in society, when demand goes up, increased supply follows.

The *Demand Treatment!* project includes (1) nationwide support to help drive up the demand for brief interventions and treatment by using the World Wide Web, and (2) a City Partners initiative to support teams from up to 12 cities as they implement strategies to increase the demand for treatment in their communities. The project builds on Join Together's experience working with communities and using the Internet to support community leaders and consumers.

The *Demand Treatment!* project is designed to provide individuals, community organizations, and others with varying levels of participation. Interested parties can participate in one or more of the program elements.

Regional Conferences. This fall *Demand Treatment!* will host regional conferences in Maryland, California, Texas, and Missouri to explore ways communities can drive up demand. The conferences will provide participants with information, contacts and resources they can use to increase the number of people who receive brief interventions and quality treatment.

City Partners. *Demand Treatment!* will create a partnership with up to 12 cities or counties over the next two to five years. Demand Treatment! and its co-sponsors will work with the city partners to:

- Develop and implement strategies to achieve measurable increases in the number of people getting effective brief interventions and quality treatment.
- Improve access to and expand the local specialized alcohol and drug treatment system through the implementation of evidence-based standards of care such as the Principles of Drug Addiction Treatment published by the National Institute on Drug Abuse.
- Identify and take steps to remove discriminatory barriers to treatment.

Demand Treatment! on the Web. The *Demand Treatment!* project will develop and share extensive new Web resources that will help individuals and their families understand and act on their own drug and alcohol problems. Additional web-based information and tools will also be developed to help employers, healthcare professionals, providers and other community institutions implement more effective alcohol and drug treatment policies and practices. Visit www.jointogether.org for more information and continuing updates on the status, activities and successes of *Demand Treatment!*

THE NIDA PRINCIPLES OF DRUG ADDICTION TREATMENT

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way..
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

WHO IS SPONSORING THE PROJECT?

For almost 10 years, Join Together, a project of the Boston University School of Public Health, has been a national resource for communities fighting substance abuse and preventing gun violence. Major funding for Join Together and the *Demand Treatment!* project is provided by the Robert Wood Johnson Foundation, the nation's largest health and health care philanthropy. In addition to support from the Robert Wood Johnson Foundation, Join Together is pleased to have numerous co-sponsors for the *Demand Treatment!* project.

FEDERAL AGENCY CO-SPONSORS:

- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will provide technical assistance and other support to city partners to help them incorporate alcohol treatment research into their policies and practices. (www.niaaa.nih.gov/)
- The Center for Substance Abuse Treatment (CSAT) will promote participation in the project by encouraging its current grantees in local communities that have developed coalitions to apply for and/or co-sponsor applications to become city partners. For those grantees that are selected as city partners, CSAT will allocate developmental funds to augment their participation and collaboration in this project. (www.samhsa.gov/csat/)
- The National Institute on Drug Abuse (NIDA) will provide financial support to help city partners translate research findings into practice, including implementation of the research-based principles outlined in its Principles of Drug Addiction Treatment. (www.drugabuse.gov)
- The Center for Substance Abuse Prevention (CSAP) will promote participation in the project by its state and community grantees who address children and family, workplace and community issues related to prevention, and early identification and intervention. In addition, CSAP will provide information on the regional conferences to employee assistance profesional associations and key business groups on health. (www.samhsa.gov/csap/)

NATIONAL ORGANIZATION CO-SPONSORS:

Nineteen organizations have already signed on as co-sponsors. (See list on inside front cover.) Others will be added in the future.

II. WHY DEMAND TREATMENT!

The *Demand Treatment!* project is built upon the lessons learned and experience gained by Join Together from working with thousands of community leaders since 1992. More than 14,000 respondents to our four national surveys have told us the substance abuse problem improves in a community when there is increased access to treatment. They have also told us that access to treatment is declining or staying the same. *Demand Treatment!* will help cities and counties across the country create and implement strategies so that more people receive brief interventions and treatment.

5% Alcoholics

20% Risky Drinkers

35% Low Risk Drinkers

40% Abstainers

Wechsler, Kelley, John C. et al. "Alcohol Screening and Brief Intervention: What Research Shows Promise" Connecticut Medicine, Volume 61, No. 9 (Sept. 1997), p. 545-551.

FIVE REASONS WHY JOIN TOGETHER IS LAUNCHING DEMAND TREATMENT!

1. Most people with drug or alcohol problems don't get the help they need.

Why don't people get treatment? There are lots of reasons, according to research and experience.

- They don't think that treatment or anything can help.
- They don't understand their disease.
- They cannot pay for or find treatment.
- They don't know what treatment is.
- Nobody encouraged them to get help.

2. If more people got brief interventions and treatment, they would lead healthier and more productive lives.

- In the Treatment Outcomes Prospective Study, the percentage of people who got or kept jobs increased from 31% to 45% when they got treatment.
- Health care costs would decrease.
- Crime rates would go down.
- Accident rates would decrease. For example in the Harborview Medical Center in Seattle, Washington there was a 47% reduction in patients with substance abuse related accidents, after the emergency room staff systematically implemented alcohol and drug screening, brief interventions, and referrals to treatment for its patients.

BRIEF INTERVENTIONS CAN START BY ASKING FOUR SIMPLE QUESTIONS. IF A PERSON ANSWERS "YES" TO TWO OR MORE, THERE IS AN 85% LIKELIHOOD THAT THE PERSON HAS AN ALCOHOL PROBLEM.

"CAGE" Screen Test* - CAGE stands for Cut down, Annoyed, Guilty, Eye opener:

C: Have you ever felt you should cut down on your drinking?

A: Have people annoyed you by criticizing your drinking?

G: Have you ever felt bad or guilty about your drinking?

E: Have you ever had a drink first thing in the morning (an eye opener) to steady your nerves or to get rid of a hangover?

**J.A. Ewing, "Detecting Alcoholism: The CAGE Questionnaire" JAMA 252:1905-1907, 1984. CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers.*

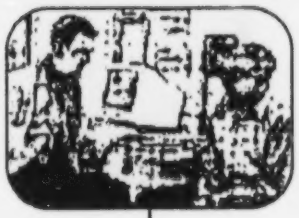
3. Many of the social and medical institutions that could help fail to do so.

Alcoholics, drug addicts and risky drinkers have a lot of contact with social and medical institutions during the course of their drinking and drug-taking history. If institutions took advantage of the leverage they have, many more people with alcohol and drug problems would be helped.

- Less than one-third of primary care practitioners ask patients about their alcohol and drug use, although as many as 1/3 of the men and 1/5 of the women they see, have these problems.
- There were 1.4 million drunk driving arrests nationwide in 1998. Less than half of the states require assessment and treatment of drunk driving offenders.

4. **Some public and private policies discriminate against people who need help.**

- Only five states require equal insurance coverage (parity) for drug and alcohol treatment.
- A student who violates school policies because of problems with drugs or alcohol can lose eligibility to participate in school activities and/or be banned from getting federal education loans or scholarships.
- In 38 states, medical insurance benefits can be denied to people injured while under the influence of alcohol and drugs, a powerful disincentive for providers to test for, or document the presence of alcohol and drugs.



5. **There *are* tactics and approaches to raise demand for treatment that will get results.** The chart below illustrates tactics we anticipate community partners will use to increase the demand for quality treatment.

FIVE WAYS TO INCREASE THE DEMAND FOR SUBSTANCE ABUSE TREATMENT

Approach	Method	Outcome	Example
Direct to consumer marketing	Advertising & education through print and electronic media.	Increased knowledge of benefits leads to increased demand for brief interventions and treatment by individuals, families, and institutions.	The makers of CLARITIN®, the country's number one prescribed antihistamine, used advertising to educate patients that they could have allergy relief without side effects. The response to these ads dramatically increased consumer requests for CLARITIN prescriptions, despite managed care restrictions on brand name drugs.
Changes in public and private policies.	• Employers voluntarily include coverage for treatment. • Insurers require screening and brief interventions. • Legislatures mandate equal coverage for treatment.	Behavior change to comply with new rules.	• Women's health groups and other organizations successfully brought pressure on legislators and health insurers to pay for annual mammograms and breast exams for women over forty. • Mental health and substance abuse advocates have been pushing to get equal coverage in medical insurance policies (comprehensive parity). To date, they have succeeded in five states. Two states have parity for state employees only. • The federal government now provides coverage for substance abuse and mental health treatment for all federal employees.
Institutional change	External or internal pressure from leaders to change policy, procedures and practices.	Interventions and referrals to treatment will increase.	Boston Medical Center leaders changed the way services are delivered in the ER. Para-professionals and physicians conduct assessments and brief interventions to identify substance abusers. Staff completed interventions and were referred to counseling. Of that number, 63% said that they reduced their drug use and 56% reduced their alcohol use.
Consumer empowerment	Giving information and tools to individuals and their families to help themselves.	• Individuals will demand and get help. • Organizations will demand and get help.	• Internet sites can provide the information and tools that consumers need to self-diagnose their problem and take action. For example, the website Quitlist (www.quitnet.org) is an online resource that has successfully helped thousands of smokers quit. • Organizations like the National Alliance for the Mentally Ill (NAMI) have been successful in changing insurance practices to assure coverage for the mentally ill.
Regular program of large scale screening	Provide drug and alcohol screening to individuals where they live, work or congregate, with referrals and follow up.	Interventions, and referrals will expand to reach a significant number of individuals and their families. Demand for treatment will increase.	On National Alcohol Screening Day in 1999, 53,000 people were screened (www.mhsp.org/alcohol.htm). Events were held in 1,100 community-based and college screening sites. One-third of those screened were referred to further assessment and treatment.

CLARITIN® (loratadine) is a product of CLARITIN® Products.

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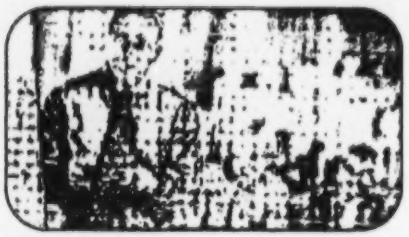
III. REGIONAL CONFERENCES



Demand Treatment! begins with four regional conferences. These two-day conferences will present practical ideas, resource, and technical assistance for driving up demand and expanding interventions and treatment. Each will include previews of sample media messages for local use and information on regional trends in treatment coverage and access to care. Participants will have time to work in small groups on plans for their communities.

WHO SHOULD ATTEND?

Treatment advocates and professionals, employers and union representatives, public health and safety officials, civic leaders, foundation officials, advocacy groups, elected officials, criminal justice professionals, physicians and nurses, recovering people, media and advertising experts should attend. Participants will benefit most if they come as a member of a team from their community.

WHY ATTEND?

Attendees will learn from experts and peers about brief interventions and treatment improvement, receive on-site assistance in strategic planning and how to use web technology to develop and launch a strategy for their community. Some of the participants will apply to become city partners in the *Demand Treatment!* project. Others may choose to stay connected to the project by using web-based resources demonstrated at the conferences. Lessons from the *Demand Treatment!* project will be regularly disseminated in electronic and print publications.

THE AGENDA—WHEN AND WHERE ARE THE CONFERENCES? *Each of the four conferences will follow the same agenda.*

San Jose, CA . . . .Wyndham Hotel . . . . . .October 26-27, 2000

Hunt Valley, MD . . .Embassy Suites . . . . . .November 9-10, 2000

St. Louis, MO . . . .Radisson Hotel . . . . . .November 16-17, 2000

Houston, TX . . . . .Hyatt Regency GB Airport . . .Nov. 30 - Dec.1, 2000

Demand Treatment! **REGIONAL CONFERENCEAGENDA**

DAY 1	SESSION
11:00AM	Registration
1:00PM	Opening Plenary Session: Driving Up the Demand for Treatment: How to Develop Support and Action for an Unpopular Idea
3:15PM	Break
3:30PM	Second Plenary Session: Trends in Coverage and Access to Treatment in the Public and Private Sector
5:30PM	Welcome Reception and Ideas for Local Media Campaigns

DAY 2	SESSION
7:30AM	Continental Breakfast
8:30AM	Concurrent Workshops
	A. Screening, Brief Interventions and Treatment.
	B. Policy and Regulation Changes.
	C. Institutional Change.
	Concurrent Workshops (continued)
	D. Advertising and Direct to Consumer Marketing Ideas.
	E. Data-Driven Strategies.
	F. Integrating Principles of Effective Treatment in Local Systems.
	G. The Web as a Tool to Increase Demand for Treatment
10:00AM	Break
10:30AM	Concurrent Workshops: The same concurrent workshops will repeat.
12:00PM	Working Lunch
1:30PM	Demand Treatment! - City Partners
	Overview of the project, application and review processes.
2:15PM	Questions & Answers
2:45PM	Break
3:00PM	Concluding Plenary Session: Go forth and Demand Treatment!
4:00PM	Adjourn

Additional information and details on presenters and topics will be continually updated and available on www.jointogether.org.

HOW CAN I REGISTER?

Registration is easy. You can either return the registration form on page 11 or register online at www.jointogether.org (you need a credit card to register online). The registration fee of $75.00 per person covers the cost of meals (evening reception, continental breakfast and lunch) and materials. Participants are responsible for their own travel and lodging. A limited number of rooms at discounted rates will be available at the conference hotel in each city.

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IV. BECOMING A DEMAND TREATMENT! CITY PARTNER

WHAT IS THE PARTNERSHIP?

Teams from up to 12 cities or counties will be invited to become *Demand Treatment!* City Partners. We will all work together over the next 2-to-5 years to achieve a significant expansion of brief interventions and treatment in these communities.

Demand Treatment! partnerships are intended for cities or counties that are already engaged in organized treatment expansion activities. While *Demand Treatment!* and its co-sponsoring organizations will provide significant support, most of the resources needed to implement a successful strategy will come from the city partner itself. *Demand Treatment!* and its co-sponsors will work with each city so that by the end of the first two years, each city will have the following elements in place:

- An effective strategy to increase demand for brief interventions and treatment, and a plan to deliver them;
- Leadership and resources necessary to implement the strategy;
- Local capacity to collect, analyze, and report substance abuse trends; and
- A plan to integrate principles of effective treatment throughout the community, including the specialized treatment system.

WHAT ARE THE BENEFITS OF BEING A CITY PARTNER?

Demand Treatment! will provide City Partners with a unique package of benefits.

Leadership Development and Recognition

- Special recognition and support for local leaders.
- Participation in at least 3 leadership institutes. All expenses will be paid by *Demand Treatment!* The first institute will take place on March 11-14, 2001 in Jupiter Beach, Florida.
- National leaders to help mobilize local constituents. For example: national leaders in primary care will conduct local seminars for physicians and health care leaders on brief interventions. National leaders in social marketing will work with local advertisering partners.
- Opportunities for City Partners to share experiences and engage in joint planning and training.
- Local and national media publicity for City Partners leaders and programs.

Technical Assistance

- Special assistance from NIDA and NIAAA for integrating principles of effective treatment through local seminars, training programs, and strategic planning.
- On-site peer assistance and professional facilitation for strategic planning and implementation.
- Assistance with market research and public relations.
- Assistance in designing media messages to promote brief interventions and treatment.
- Assistance in developing local web resources and in utilizing web resources developed by *Demand Treatment!*
- Assistance in developing effective ways to get new constituencies involved in expanding treatment, for example: human resource officials, judges, employee assistance programs and correctional facilities.

Money and Other Resources

- $60,000 from *Demand Treatment!* to each City Partner to help meet some of the costs associated with its participation.
- The Center for Substance Abuse Treatment (CSAT), of the Substance Abuse and Mental Health Services Administration (SAMHSA), is committed to providing pilot support to groups that will further the objectives of the *Demand Treatment!* project. CSAT encourages its current grantees that have developed local coalitions to apply for and/or co-sponsor applications to become *Demand Treatment!* City Partners. For those CSAT grantees which are successful applicants, CSAT will allocate developmental funds to augment their participation and collaboration in this project. (www.samhsa.gov/csat/)
- The National Institute on Drug Abuse (NIDA) will provide financial support to help City Partners translate research findings into practice, using the principles outlined in its publication Drug Addiction Treatment: A Research Based Guide. (www.drugabuse.gov)
- The Center for Substance Abuse Prevention (CSAP) will promote participation in the project by its state and community grantees who address children and family, workplace and community issues related to prevention, and early identification and intervention. In addition, CSAP will provide information on the regional conferences to employee assistance professional associations and key business groups on health. (www.samhsa.gov/csap/)

- The National Institute on Alcoholism and Alcohol Abuse (NIAAA) will provide technical assistance and other support to City Partners to help them incorporate alcohol treatment research into their policies and practices. (www.niaaa.nih.gov/)

This list will grow as the City Partners develop joint approaches to local and national insurers and funders.

Other Benefits

- City Partners will learn from each other.
- Working together, City Partners will explore opportunities to negotiate support for innovative strategies to increase the demand for brief interventions and quality treatment.
- The leverage gained from the "power of the group" will be utilized in innovative strategies for money, policy change, insurance regulation, media, etc.

Who is Eligible to Apply?

Lead agencies may be local substance abuse and mental health policy and funding agencies, local health departments, community and hospital conversion foundations, United Ways, medical and other health professional societies, treatment and/or advocacy consortia, community substance abuse coalitions, employer and/or union health purchasing or EAP groups, health insurers and/or provider groups, community based organizations with a special capacity to promote expansion of health and related services, CSAT grantees, NIDA clinical trial cities, community organizations, criminal justice agencies and others.

Applicants must represent an entire political community, such as a city or county, not a particular neighborhood or subset of the population. Only one application will be accepted from each locale. The application for each locale must be submitted by a single lead agency. If more than one application is submitted, the parties will be informed and asked to select a single applicant. If that is not possible, no application from that community will be considered.

What is the Application Process?

The application process will be discussed at the Regional Conferences. It is recommended, but not required, that potential applicants attend one of the conferences. The application process consists of two-steps. Step one is an initial letter of intent. Step two is a brief, complete application.

Letter of Intent. Applicants are asked to submit a one-page letter of intent by 5:00PM EST on December 15, 2000, identifying the lead agency and community partners that will participate. This will enable us to advise a city if there is more than one group that plans to submit an application.

Application. Complete applications to become City Partners must be submitted by 5:00PM EST on January 16, 2001. The application should be no more than 5 pages, double-spaced, not counting letters of commitment and biographies described on the next page.

THE TIMELINE FOR THE APPLICATION PROCESS IS:

December 15, 2000	Letter of Intent due
January 16, 2001	Applications due
February 9, 2001	Notification of Acceptance/Award
March 11-14, 2001	Orientation, planning and training session for the newly selected city partners in Jupiter Beach, FL.

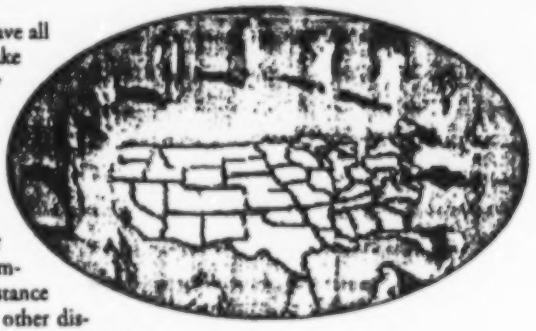
LETTERS OF INTENT AND APPLICATIONS SHOULD BE ADDRESSED TO:

Demand Treatment!
Join Together
441 Stuart Street
Seventh Floor
Boston, MA 02116 Phone: 617-437-1500
Fax: 617-437-9394
Email: demandtreatment@jointogether.org

The letter of intent and the application may be submitted in either electronic or hard copy form.

Preparing an Application. Applications should include the following:

- The name and brief description of the applicant organization and name of the main contact person.
- Biographies of key leaders for this program.
- Letters of commitment from key institutional actors, including an indication of the type and scope of help they will commit to the partnership.
- A letter of commitment from the chief elected official and from a local official responsible for alcohol and drug treatment. If the cooperation of the key public officials is not necessary for your success, you should explain why.
- Discussion of your responses to the five questions below.



With the brief time available applicants are not expected to have all the answers or a polished plan. Applicants should, however, make a convincing case that their city or county can succeed by answering the following:

1. **How can your community demonstrate its readiness to increase the demand for substance abuse treatment?** Has your city or county allocated new or additional resources or policy changes dedicated to substance abuse treatment? Is your city part of a federal or state initiative to expand or improve treatment? Is there an organized effort in your community to promote parity in insurance coverage for substance abuse treatment at levels commensurate with coverage for other diseases? Do your city's largest employers include substance abuse treatment as a health benefit?
2. **Can you get commitments from local leaders to increase the demand for substance abuse treatment?** Are there people in your community who have a track record for getting things done—whether building a new stadium or a new hospital wing? Are there advertising and public relations firms that will collaborate on a campaign to increase the demand for quality treatment? Are there community leaders in business, public relations, politics, arts, or elsewhere who will work to increase treatment?
3. **Will your community gather, analyze and disseminate local data on substance abuse?** Portland, OR; Kansas City, MO; Gallup, NM are examples of cities that have gathered and used local data to monitor and analyze alcohol and drug use patterns and develop local strategies to address them. What help do you need to disseminate a report on a regular basis?

THE REGIONAL DRUG INDEX

The Regional Drug Impact Index, published by the Regional Drug Initiative in Portland, OR consists of 12 indicators that show changes in the severity and breadth of local drug and alcohol problems over time. Indicators include, for example, the number of:

- drug-affected babies,
- people treated for alcohol and drug abuse problems, and
- alcohol-involved traffic deaths.

For a complete copy of the Index, go to: www.regionaldruginitiative.org

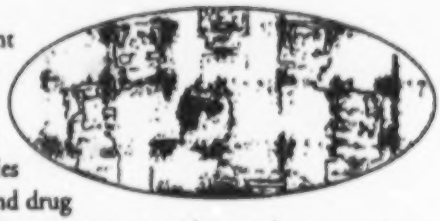
4. **Which strategic approach will be most effective in increasing demand for treatment in your community?** Use the chart on page 4 to help you describe your strategic approach and the partners who will work with you.
5. **What resources will your community commit or allocate to implement your strategy?** What local funds and in-kind support will be used to provide staff, space, and other resources for the project?

WHAT IS THE REVIEW AND SELECTION PROCESS?

The staff of the *Demand Treatment!* project and the National Advisory Committee of Join Together will review applications for City Partners. They will assess the likelihood of success of each application. The final selection of City Partners will reflect the geographic, cultural and ethnic diversity of the nation.

V. USING THE WEB TO DEMAND TREATMENT!

BUILDING ON EXPERIENCE



The Internet can play a major role in driving up demand for treatment and in improving the quality of treatment. *Demand Treatment!* web resources will build upon Join Together's extensive experience in developing two award winning websites, Join Together Online and QuitNet™ . Internet resources will help individuals and families receive the information they need to take action on their alcohol and drug problems. Other *Demand Treatment!* web resources will give treatment providers and community institutions information and tools they need to help expand brief interventions and quality treatment.

The type of information, tools, and resources to help communities *Demand Treatment!* that will be available on the web starting January 2001 include:

SUPPORT FOR INDIVIDUALS AND FAMILIES

- Basic information about alcohol and drugs and their effects; signs and symptoms of problems
- Self-administered brief assessments for alcohol and drugs with advice for action based on the information provided by the users
- Information on counseling and treatment resources located near the user
- Questions individuals and families should ask providers to get quality care
- Suggestions on how to negotiate with private insurance, public programs, and managed care plans to get payment for treatment
- Special sections on recognizing and treating adolescent problems
- Online support forums for individuals and families
- Links to other Web and community resources for individuals and families
- Organizing tools to fight discrimination against people with alcohol and drug problems

SUPPORT FOR TREATMENT PROFESSIONALS

- Online information about effective treatment methods
- Online professional training programs
- Tools for improving brief interventions, assessments and treatment planning
- Daily news and research reports on developments in the field

SUPPORT FOR INSTITUTIONAL LEADERS

- Information about model benefits for alcohol and drug treatment
- Model data collection and reporting systems for communities and links to key data sources
- Connections with people in similar fields, i.e., emergency room directors, human resource directors and primary care practitioners, and others who are working on this issue
- Manuals, materials and model reporting systems for implementing screening, brief intervention and effective referral programs in primary care, emergency rooms and criminal justice agencies

Since its launch in 1996, QuitNet (www.quitnet.org) has been used by one million smokers from 164 countries. QuitNet combines proven methods to help smokers quit: self-assessment tools, referrals to local programs, social support forums, access to trained counselors, anonymity and 24 hour access.

QUITNET™
QUIT ALL TOGETHER
www.quitnet.com

For more information about *Demand Treatment!*, including an extensive list of reference material and other resources, go to

www.jointogether.org

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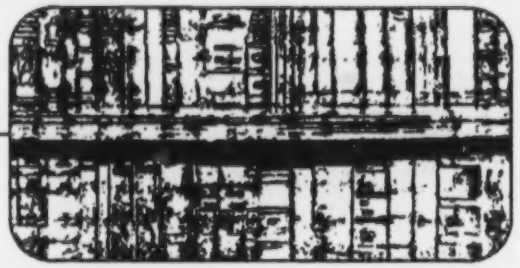

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REGISTRATION FORM

for *Demand Treatment!* Regional Conferences or register online at www.jointogether.org

PLEASE PRINT YOUR NAME AND ADDRESS (ONE FORM PER ATTENDEE)

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PLEASE INDICATE WHICH REGIONAL CONFERENCE ATTENDEE WILL ATTEND:

X	Location	Date	Hotel	Deadline for special rate
	San Jose, CA	*October 26-27, 2000*	*Wyndham Hotel 1-408-453-6200*	*October 2nd*
	Hunt Valley, MD	*November 9-10, 2000*	*Embassy Suites 1-410-584-1400*	*October 9th*
	St. Louis, MO	*November 16-17, 2000*	*Radisson Hotel 1-314-621-8200*	*October 27th*
	Houston, TX	*November 30 – December 1, 2000*	*Hyatt Regency GB Airport 1-281-987-1234*	*November 8th*

PLEASE INDICATE WHICH OF THE FOLLOWING EVENTS YOU WILL ATTEND (ALL ARE INCLUDED IN THE REGISTRATION FEE):

___Yes ___No Opening Day Evening Reception on Day 1
___Yes ___No Continental Breakfast on Day 2
___Yes ___No Lunch on Day 2

PLEASE INDICATE WHICH OF THE FOLLOWING SERVICES YOU WILL REQUIRE:

Dietary: ____ Mobility Impaired: ____ Other: ____

If you do require special services, please be sure to indicate your specific needs by sending a separate fax to Join Together at 617-437-9394.

- The Registration Fee is $75.00 per attendee per conference.
- For checks or money orders, please make them payable to Trustees of Boston University and mail to Join Together Regional Meetings, 441 Stuart Street, Floor 7, Boston, MA 02116. Be sure to send payment and the registration form 10 days prior to the conference.
- For credit card payments, please include the following information and mail this registration form to the address above or fax it to the number shown below.

Credit Card Type: VISA____ MASTER CARD____ DISCOVER____

Credit Card Number_____ Exp. Date: _____

Signature_____

Confirmation notices will be sent within 7 days of receipt of registration form.

For additional information please e-mail Join Together at demandtreatment@jointogether.org; fax your questions to us at (617) 437-9394, or call (617) 437-1500 (office hours are 9:00am to 5:00pm EST).

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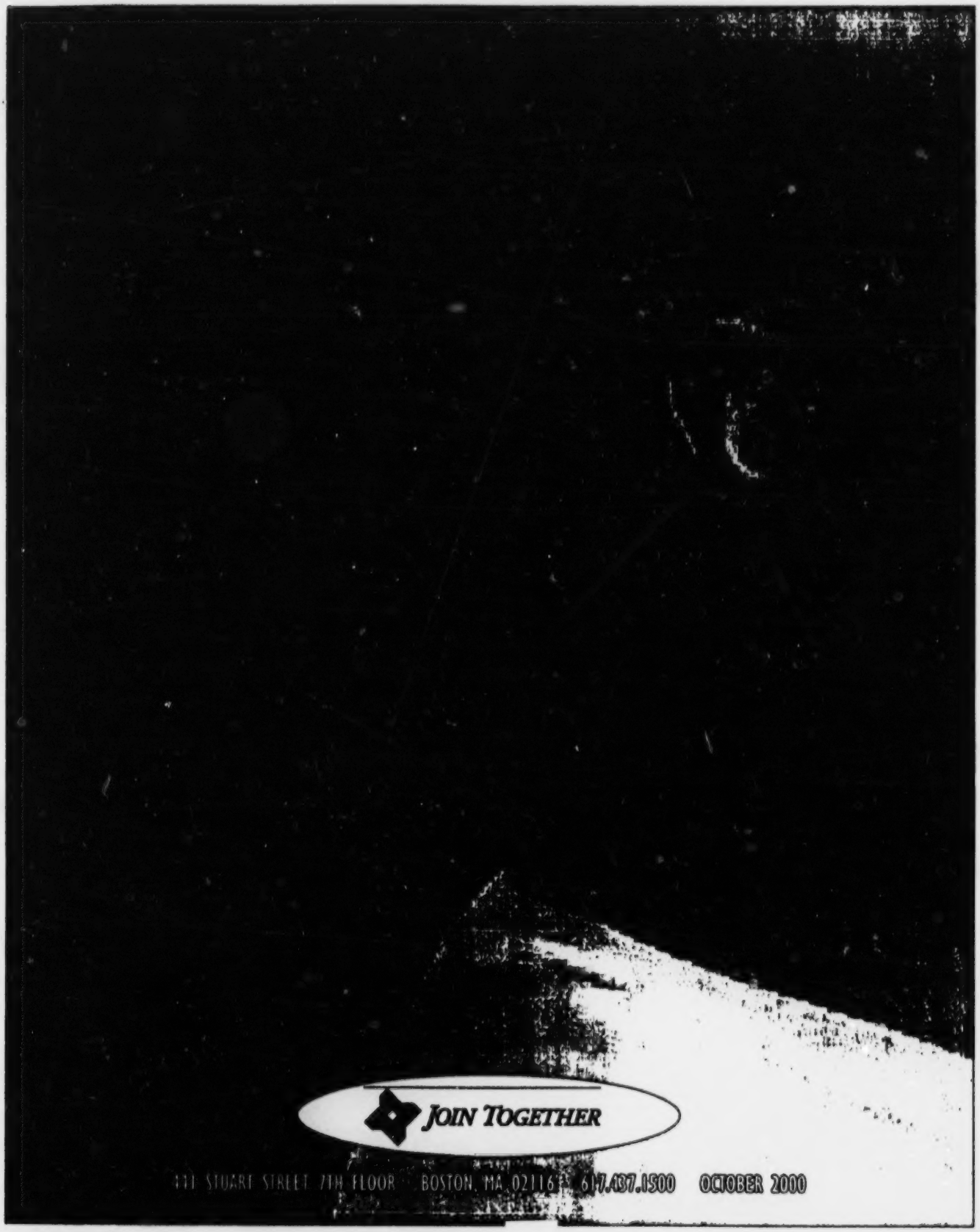

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